Pennsylvania Department of Health

PLAN OF CORRECTION (POC)						(X3) DATE SURVEY COMPLETED: 03/22/2023	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CASE COMPLETE DATE		COMPLETE
P 0000	This report is the result of an unannounced complaint investigation (CHL22C854J) co on March 22, 2023, at Conemaugh Meters Medical Center. It was determined that the was in compliance with the requirements of Pennsylvania Department of Health's Rule Regulations for Hospitals, 28 PA Code, Pa Subparts A and B, November 1987, as amount 1998.		impleted dale e facility of the s and art IV,	P 0000			
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	JATURE		TITLE:	(X6) DATE:	

State Form QVLO11 IF CONTINUATION SHEET Page 1 of 1



Certified End Page

CONEMAUGH MEYERSDALE MEDICAL CENTER

STATE LICENSE NUMBER: 391101 SURVEY EXIT DATE: 03/22/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY